



Application for Change/Transfer of Water Right

For Ecology Use
RECEIVED

JAN 30 2014

Department of Ecology
Eastern Regional Office

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Add an additional point of withdrawal to an existing Certificate

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 1-30-2014
CHECK NO. 150.00 Paid FEE \$ 88.89
DATE ACCEPTED _____ BY _____
CHANGE NO. CG3-#008315
COUNTY Grant WRIA 41
SPECIAL AREA Quincy Basin
SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. Dec 831 PERMIT NO. _____
CERT NO. 741-D CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

| | | |
|--------------------------------|----------------|----------|
| APPLICANT/BUSINESS NAME | PHONE NO. | FAX NO. |
| Norman E. & Marcella F. Lublin | (509) 350-6032 | |
| ADDRESS | | |
| 2270 RD F NE | | |
| CITY | STATE | ZIP CODE |
| Moses Lake | WA | 98837 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| jammaof9@hotmail.com | | |

| | | |
|---------------------------------------|----------------|----------------|
| CONTACT (IF DIFFERENT FROM ABOVE) | PHONE NO. | FAX NO. |
| Rich Walpole, Columbia Water Services | (509) 766-4221 | (509) 766-6754 |
| ADDRESS | | |
| 249 North Elder Street | | |
| CITY | STATE | ZIP CODE |
| Moses Lake | WA | 98837 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| rwalpoleWcnweng.com | | |

| | | |
|---|----------------|----------|
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE | PHONE NO. | FAX NO. |
| Norman E. & Marcella F. Lublin | (509) 350-6032 | |
| ADDRESS | | |
| 2270 RD F NE | | |
| CITY | STATE | ZIP CODE |
| Moses Lake | WA | 98837 |
| EMAIL ADDRESS (IF AVAILABLE) | | |
| jammaof9@hotmail.com | | |

2. Water Right Information

| | |
|--|------------------|
| WATER RIGHT OR CLAIM NUMBER | RECORDED NAME(S) |
| 741-D | Lide Chapman |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____ | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.
Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|----|----|------|------|------|----------|------------|
| Well | 1 | SE | SE | 24 | 19N | 27E | 16148600 | N/A |
| | | | | | | | | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|----|----|------|------|------|-----------|------------|
| Well | 1 | SE | SE | 24 | 19N | 27 E | 161486000 | N/A |
| Well | 2 | NE | SE | 24 | 19N | 27E | 161483000 | N/A |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|--|------------|------------|--|
| Domestic Supply and irrigation of 40 acres | 800 GPM | 180 | Irrigation Season and continuously for domestic supply |
| | | | |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|--|------------|------------|--|
| Domestic Supply and irrigation of 40 acres | 800 GPM | 180 | Irrigation Season and continuously for domestic supply |
| | | | |
| | | | |
| | | | |

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
SE ¼ of SE ¼ of Section 24, T. 19N., R. 27 E.W.M.

| | | | | | | | |
|----|----|------|------|------|--------|-----------|------------|
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SE | SE | 24 | 19N | 27E | Grant | 161486000 | 39.25 |

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO
IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
SE ¼ of SE ¼ of Section 24, T. 19N., R. 27 E.W.M. (No Change in place of use)

| | | | | | | | |
|----|----|------|------|------|--------|-----------|------------|
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SE | SE | 24 | 19N | 27E | Grant | 161486000 | 39.25 |

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO
IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

This "Application for Change/Transfer of Water Right" is prepared to add an additional point of withdrawal to State Water Right Certificate #741-D; to allow the withdrawal of ground water from both the existing point of withdrawal (Well #1) and from an additional existing point of withdrawal (Well #2) under this certificate. The second well is located on the adjacent parcel, #161483000, and is the point of withdrawal for Certificate 928-D(A). Both parcels are owned by the applicant. Both wells are old hand dug wells, 45 to 50 feet deep; both wells withdraw water from the same aquifer. Well #1 has two older inefficient pumps, a well pump and a booster pump; both pumps are required to operate the wheel line irrigation system. A high efficiency turbine pump has been installed in well #2; the owner desires to maximize the use of the high efficiency turbine pump. The owner recently sold 100 acre feet of irrigation water from Certificate 928-D, reducing the area currently irrigated under this certificate by 27 acres to 10.5 acres; therefore, the high efficiency turbine pump installed in well #2 has extra capacity to irrigate additional acreage at a reduced per acre power cost. The owner desires to irrigate a portion of parcel, #161486000 in addition to the 10.5 acres irrigated in parcel, #161483000 from Well #2 to better utilize the capacity of the high efficiency turbine pump.

Well #1 is located approximately 960 feet north and 670 feet west of the SE corner of Section 24, T. 19N., R. 27 E.W.M. in Grant County Washington. Well #2 is located approximately 1500 feet north and 340 feet west of the SE corner of Section 24, T. 19N., R. 27 E.W.M. in Grant County Washington.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Norman E. & Marcella F. Lublin
Applicant & Water Right Holder

Norman E. Lublin
Applicant Signature & Water Right Holder Signature

11/24/14
(Date)

Marcella F. Lublin
Applicant Signature & Water Right Holder Signature

11/24/14
(Date)

Norman E. & Marcella F. Lublin
Land Owner of Existing & Proposed Place of Use

Norman E. Lublin
Land Owner of Existing & Proposed Place of Use Signature

11/24/14
(Date)

Marcella Lublin
Land Owner of Existing & Proposed Place of Use Signature

11/24/14
(Date)

Please check the region in which the project is located:

| | | |
|--|---|--|
| *Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611 | <input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490 | <input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400 |
| | <input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000 | <input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300 |

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____